

**MONTGOMERY COUNTY, MARYLAND**  
**DIVISION OF TREASURY - EXCISE TAX UNIT**  
255 Rockville Pike, Suite L-15  
Rockville, Maryland 20850  
(240) 777-8928

**11-1557**

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# ROOM RENTAL TRANSIENT TAX REPORT

**IMPORTANT**

NAME					
ADDRESS					
PHONE (      )		Room Rental Tax Account Number			

This return must be filed on or before the last day of the month, immediately following the period for which the return is filed.  
A return must be filed even though no tax is due.  
See next page titled Room Rental-Transient Tax Information

If business has been discontinued or sold, state whether:

Permanent - give date \_\_\_\_\_

Temporary - give date from \_\_\_\_\_ to \_\_\_\_\_

Sold - give effective date \_\_\_\_\_

Purchaser's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

## I. COLLECTIONS

1. Total Room Rental Collected for Month of \_\_\_\_\_ 20\_\_\_\_\_ \$ \_\_\_\_\_

2. Deductions from Total Room Rental Collected:

(a) Room Rental Collections from Non Transients \$ \_\_\_\_\_

(b) Exemptions for Foreign Government Officials \$ \_\_\_\_\_

(c) Other (Attach Schedule) \$ \_\_\_\_\_

3. Total Lines 2a, 2b and 2c \$ \_\_\_\_\_

4. Net Room Rental Collections Subject to Tax (Line 1 Less Line 3) \$ \_\_\_\_\_

## II. TAX COMPUTATION

5. Tax Collected and Remitted Herewith (7% of Line 4 Above) \$ \_\_\_\_\_

If payment is delinquent:

(a) Interest @ 1% per month or fraction of a month \$ \_\_\_\_\_

(b) Penalty @ 5% per month or fraction of a month  
to a maximum of 25% from due date of report of  
report \$ \_\_\_\_\_

6. **Total Tax Due** (Including Interest and Penalty, if any) \$ \_\_\_\_\_

(Make check payable to: **Montgomery County, Maryland**, mail one copy of report with remittance to above address.)

I declare under penalty of perjury, that this report has been examined by me and to the best of my knowledge and belief is a true, correct and complete report.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or print name of signer